

# APPLICATION FOR SPECIAL USE PERMIT Still Photography (Long Form) Jean Lafitte National Historical Park And Preserve New Orleans Jazz National Historical Park



419 Decatur Street New Orleans, LA 70130 504-292-7325

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of **\$50.00** must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

\* Enter either a Social Security Number OR a tax ID number; we do not require both. **Applicant Information Company/Organization Information** Applicant Name: Company/Organization Name: Social Security Number\*: Tax Identification Number\*: Street Address: Street Address: City: City: State: State: Zip Code: Zip Code: Country: Country: Telephone Number: Telephone Number: Cell Phone Number: Contact Name: Fax Number: Fax Number: **Email Address:** Email Address: Project Information **Project Name Location Manager** Telephone Cell **Email Address** Type of Project Still Photography Detailed Description of Onsite Activities (attach additional pages if needed)

Date	Location	Start Time	End Time	Interior / Exterior	Activity (e.g., Set-up, Breakdown)	# of Cast and Crew*
* Number in	this column should include a	all individuals	s present at t	the location		
	prises anyone in front of the cam				odels, hosts, correspondents, pres	enters, park

			ııme	Time	Exterior	Breakdown)	and Crew
* Number in	this column sho	uld include all	individuals	present at i	the location		
Talent							
Do you inter	erators, voluntee  nd to use talent?  es, write a full des					l. Attach additional pages if r	necessary).
Equipment							
Description of			ops (attach a	additional paç	ges, if necessa	ary). Please note if any of th	e following will be
	Requirements	1 / 11 1	1.00	.,			
Description of	of electrical require	ements (attach a	additional pa	ages, if neces	sary).		
Generators							
Are you us	ing generators	?	Quantity (i	if using)		Size (if using)	
Yes							
□ No							
Lighting Red	quirements						
Are you us	ing lighting?	Reflectors o	nly?		otion of ligh f necessary	ting requirements (attac	h additional
				Pages	Hicocosary	,	

Are you using generators?	Quantity (if using)	Size (if using)
☐ Yes ☐ No		

Are you using lighting?		Description of lighting requirements (attach additional pages if necessary)
☐ Yes ☐ No	☐ Yes ☐ No	

Will you require the use of roads?    Yes (if yes, please explain below)   Yes (if yes, please explain below)   No   No   No   No   No   No   No   N	Road Use							
Road Use Schedule  Starting Date Ending Date (include AM or PM)  Road Use Shots Driving Driving Wet down road Drive-ups and away Other (please explain):  Camera Equipment	Will you require the use of roads?				Do you require road closures?			
Starting Date   Ending Date   (include AM or PM)   Ending Time (include AM or PM)		lease explain belo	w)					
Road Use Shots Driving Drive-by Towing Wet down road Drive-ups and away Other (please explain):  Camera Equipment	Road Use Schedu	ule						
☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down road ☐ Drive-ups and away ☐ Other (please explain):  Camera Equipment	Starting Date	Ending Date	Starting Time (include AM or PM)			Location		
☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down road ☐ Drive-ups and away ☐ Other (please explain):  Camera Equipment								
☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down road ☐ Drive-ups and away ☐ Other (please explain):  Camera Equipment								
☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down road ☐ Drive-ups and away ☐ Other (please explain):  Camera Equipment								
☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down road ☐ Drive-ups and away ☐ Other (please explain):  Camera Equipment								
☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down road ☐ Drive-ups and away ☐ Other (please explain):  Camera Equipment								
Road median  Other (explain):	☐ Driving ☐ Drive-by ☐ Towing ☐ Wet down roa ☐ Drive-ups and ☐ Other (please	d away e explain): nt	(check all that apply	)		l		
Types of equipment (check all that apply)  Hand Dolly with track footage Portable crane Tripod Arm footage Car mount Dolly Crane or jib arm	Types of equipment (check all that apply)				Dolly with trade Portable crane Tripod Arm footage Car mount Dolly	ne -		

# OMB Control No. 1024-0026 Expiration Date 11/30/2023

# **Operational Information**

Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.

Number of cars, SUVs, or light pick-up trucks	Number of vehicles greater than 10,000 lb (class 3 or higher)	Base camp location (at diagrams)	sach Special activities (attach additional pages, if necessary)
Involvement of Minor ☐ Yes (If yes, provide ☐ No	rs the information requeste	ed below)	
Quantity of minors	Age range		
□ No	the information requeste	,	
Type of livestock	Quantity of livestock	Manner of transportation	Staging/coral requirements
<b>Aircraft</b> NOTE: All aircraft use ov permit.	er park lands should be liste	ed. Landings must be specifically	requested and approved as a condition of your
Will aircraft be used		it will be used (If yes, explain) won't be used	
Explanation of use			
Special Effects Including weapons, pyrot Description of spec effects to be used	technics, etc. Attach addition	nal pages, if necessary.	
Effects technician's	name		
Technician phone			
Technician email			
License # (if applica	able)		
Permit # (if applicab	ole)		

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Stunts			
	will be used (If yes, explain) won't be used		
Explanation of stunts			
Stunt coordinator's name			
Coordinator phone			
Coordinator email			
Other Hazardous Activities			
Any other unusual or hazardous activities? Yes (If yes,	explain)		
Explanation of activities			
Activity Questions Have you visited the requested area?		☐ Yes ☐ No	
When answering "Yes" to any of the following question	ons, provide additional information using additional pag	ges, as necessary	
Do you have, or are you applying for, a permit with a	nother Federal, state or local agency for this activity?	☐ Yes ☐ No	
Have you obtained a permit from the National Park S	Service in the past?	☐ Yes ☐ No	
Have you ever been denied a permit or had a permit	revoked by a Federal agency?	☐ Yes ☐ No	
Have you forfeited a bond or other security for photo	graphy on Federal lands?	☐ Yes ☐	□ No
Do you plan to advertise or issue a press release be	fore the event?	☐ Yes ☐ No	

NOTE: You are encouraged to attach additional pages with information useful in evaluating your permit request including: story boards or scripts, set construction, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, use of any building and site clean-up.

Do you anticipate any security concerns? If yes, explain on an attached sheet

Project Administration	
Are you applying for this permit on behalf of another person or company?	☐ Yes (If yes, explain) ☐ No
If yes, provide a full description (including contact information) of all other individuals / companies involved with this project. Attach additional pages, as necessary.	

☐ Yes ☐ No

NPS Form 10-932 (Rev. 08/2021) National Park Service

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# **Contacts**

Role	Name	Title	Telephone	Cell	Email address
Person on Location Responsible for Adherence to All Terms and Conditions of Permit					
Person on Location Responsible for Coordinating Activities With the NPS					
Company Point-of- contact for Follow-up Information and Billing					

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Name		
Title		
Company Name		
Date		
Signature		

NPS Form 10-932 (Rev. 08/2021) National Park Service

# **NOTICES**

This is an application **only**, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a [park to select payment methods accepted: cashier's check, money order or personal check made payable to the National Park Service] to [input name/park office] at the park address found on the first page of this application.

If your request is approved, a permit containing applicable terms and conditions will be sent you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

### **Customers Making Payment by Personal Check**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

# **Privacy Act Statement**

Authority: The authority to collect information on the attached form is derived from 54 U.S.C. 100101.

**Purpose:** The purposes of the system are (1) to provide a park superintendent with information to approve or deny requests for activities that provide a benefit to an individual, group or organization, rather than the public at large; and (2) to assist park staff to manage the activity to ensure that the permitted activity does not interfere with the enjoyment of the park by visitors and that the natural and cultural resources of the park are protected.

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act, records or information contained in this system may be disclosed outside the National Park Service as a routine use pursuant to 5 U.S.C. 552a(b)(3) to other Federal, State, territorial, local, tribal, or foreign agencies and other authorized organizations and individuals based on an authorized routine use when the disclosure is compatible with the purpose for which the records were compiled as described under the system of records notice for this system.

**Disclosure:** Voluntary, however, failure to provide the requested information may impede individual from obtaining a permit from the National Park Service.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 54 U.S.C.103104. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the social security number will be carried out in accordance with established regulations and published notices of system of records.

#### **Paperwork Reduction Act Statement**

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1024-0026.

# **Estimated Burden Statement**

Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive Reston, Virginia 20192. Please do not send your form to this address.

#### **INTERNAL AGENCY USE ONLY**

	INTERNAL AGENCY USE ONLY
Project Number/BILL:	
Date Processed:	
Permit Number:	
Prepared By:	
Organization Name:	

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Expiration Date 11/30/2023